



BEST MANAGEMENT PRACTICE RECOMMENDATIONS

BUSINESS NAME: _____ DATE: _____

| Recommendations | Already Doing | Suggested | Implemented (Date) |
|--|------------------|-----------|-----------------------|
| Recycle: (list recyclable items) | | | |
| Uses vendor for fluorescent lamps | | | |
| Uses vendor for batteries | | | |
| Uses vendor for computer monitors | | | |
| Other | | | |
| | | | |
| | | | |
| Waste Reduction: | | | |
| Control spills/leaks/drips | | | |
| Store products so they don't become a waste | | | |
| Use less-toxic products | | | |
| Other | | | |
| | | | |
| Waste Disposal: (list accumulated wastes) | | | |
| Remove excess accumulation of waste(s) | | | |
| Other | | | |
| | | | |
| | | | |
| Miscellaneous Improvements: | | | |
| Designate a "hazardous waste coordinator" | | | |
| Label containers with proper labels | | | |
| Keep Material Safety Data Sheets | | | |
| Obtain and maintain a spill kit | | | |
| Implement spill plan | | | |
| Seal floor drains | | | |
| Secure tanks and shelving | | | |
| Separate incompatible chemicals | | | |
| Train staff about hazardous materials | | | |
| Maintain catch basin & oil/water separator | | | |
| Other | | | |
| | | | |
| | | | |

*The County may contact your business within a few months to find if these recommendations have been implemented.

Business Representative: _____ **Position:** _____